

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S) <b>10/517756</b>	

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
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TAL ID.				
TAL EP.				
TAL UMB				

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IND.	DEP.	IND.	DEP.
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99			
100			
TOTAL IND.	4		
TOTAL DEP.	23		
TOTAL CLAIMS	29		

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS